

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3033

CERTIFICATE OF DEATH

BIRTH NO. 154164

REGISTRAR'S NO.

CE OF DEATH
AND
AL RESIDENCE
6

1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE A. STATE Arizona B. COUNTY Maricopa	
B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE TOWN Chandler)		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE TOWN Chandler)	
D. FULL NAME OF HOSPITAL OR INSTITUTION		D. STREET ADDRESS Mexican, Village Chandler	

3. NAME OF DECEASED (TYPE OR PRINT) Ollie J		A. (FIRST)		B. (MIDDLE)		C. (LAST) ACLES		4. SEX Male	5. COLOR OR RACE Negro
6. MARRIED NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH 10 DAY 14 YEAR 1949		8. AGE YEARS 7 MONTHS 26		IF UNDER 24 HOURS HOURS MIN.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE. EVEN IF RETIRED).	
9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mesa, Ariz		11. CITIZEN OF WHAT COUNTRY? U. S.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES. NO. OR UNKNOWN) (IF YES. WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO.	
14A. FATHER'S NAME Ollie J. Acles Sr.		14B. BIRTHPLACE (STATE OR COUNTRY) Texas		15A. MOTHER'S MAIDEN NAME Ada Lee Gamble		15B. BIRTHPLACE (STATE OR COUNTRY) Texas			
16. INFORMANT'S SIGNATURE Ollie J. Acles Sr.		ADDRESS		17. DATE OF DEATH (MONTH) June (DAY) 10 (YEAR) 1950					

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Streptococcal pharyngitis.		INTERVAL BETWEEN ONSET AND DEATH 2 days.
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Bacillary dysentery		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE	(SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6/9/50 TO 6/10/50 THAT I LAST SAW THE DECEASED ALIVE ON 6/10/50 AND THAT DEATH OCCURRED AT 5:45 PM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE A. G. See, M.D.	(DEGREE OR TITLE)	23B. ADDRESS Chandler, Arizona	23C. DATE SIGNED 6/12/50

24A. BURIAL CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	24B. DATE 6/12/50	24C. NAME OF CEMETERY OR CREMATORY Mesa Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa Arizona
25A. DATE REC'D BY LOCAL REG. 6.12.50	25B. REGISTRAR'S SIGNATURE Davis / Ann m.d	26. FUNERAL DIRECTOR'S SIGNATURE Hausner Mortuary; Chandler, Arizona	27. EMBALMER'S SIGNATURE Ind E. Warren
			CERT. NO. 227